

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10/625701

FILING DATE

5

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13		1	1			
14		1	1			
15	3		3			
16	1					
17	1					
18	1		1			
19		1	1			
20	1		1			
21	3					
22	3					
23	3					
24	2					
25	3					
26	2					
27	3					
28	3					
29	3					
30	3					
31	3					
32	3					
33	3					
34	2		2			
35	2		2			
36	2		2			
37	1		1			
38	1		1			
39		1	1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44		1	1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62	1					
63		1				
64		1				
65		1				
66		1				
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	19					
TOTAL DEP.	39					
TOTAL CLAIMS	48					